

Substitute for Form PTO-875

10/710671

(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 3)

MEM	Application Size Fee (37 CFR 1.16(s))
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

OR

TOTAL
ADD'L FEE

TOTAL	
ADD'L FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

TOTAL
ADD'L FEETOTAL
ADD'L FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.